

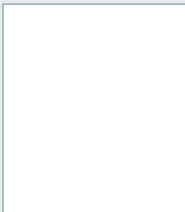
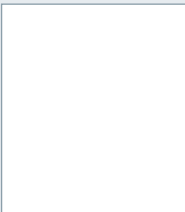

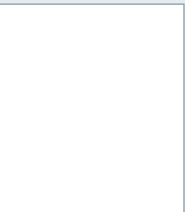
INSTRUCTIONS FOR FILLING UP THE APPLICATION FORM

1. Kindly fill the application form in **BOLD CAPITAL LETTERS ONLY**
2. **USE A BALL PEN ONLY**
3. Kindly fill the Transport Request form in case you wish to avail School transport
4. Only Completely Filled in Applications with requisite enclosures will be accepted.
5. Check list for Enclosures:
 - Date of Birth Proof
 - Previous school records
 - Transport request form
 - Health record form

REGISTRATION NO.

ADMISSION NO.

APPLYING FOR GRADE	ADVANCED LEVEL XI <input type="checkbox"/> XII <input type="checkbox"/>	SECONDARY IGCSE IX <input type="checkbox"/> X <input type="checkbox"/>	LOWER SECONDARY (CIE) VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/>	PRIMARY NUR. <input type="checkbox"/> KG <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/>
OTHER SERVICES	Whether Applicant requires Hostel?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Whether Applicant needs School Transport?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Attach a recent colored photograph of the student  Name: Mobile: E-mail:	Attach a recent colored photograph of the Father  Name: Mobile: E-mail:	Attach a recent colored photograph of the Mother  Name: Mobile: E-mail:	Attach a recent colored photograph of the Local Guardian, if applicable.  Name: Mobile: E-mail:
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INFORMATION ABOUT THE APPLICANT

Name of the applicant student:		
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender: Male	Female	
<input type="checkbox"/>	<input type="checkbox"/>	
Nationality (According to Passport):	First Language:	
<input type="text"/>	<input type="text"/>	

INFORMATION ABOUT THE APPLICANT'S LAST SCHOOL EXPERIENCE

Name of the last School attended by you		
Complete address of your school		
Contact information of your school	Email:	
	Phone:	
	Website:	
Program/Board studied	Local/National/International board Please specify here:.....	
Grade you were last studying in		
Subjects studied		
Overall Grade/Score/Percentage Please attach Score sheet/Transcript / Grade card while submitting you application		
Your Extra curricular Interests		
Your Achievements in Academics		
Your Achievements (Non-Academics)		

INFORMATION ABOUT APPLICANT'S PARENTS

Are you a Single Parent? Yes No

(If YES, you may only enter the details of the parent with whom the child is staying presently)

Name of the Father:	Name of the Mother:
Highest Educational Qualification:	Highest Educational Qualification:
Occupation: Service/Self Employed	Occupation: Service/Self Employed/Home maker
Name of the Employer Firm:	Name of the Employer Firm:
Position Held:	Position Held:
Work Address :	Work Address :
Work Phone:	Work Phone:
Work Email:	Work Email:
Residence Address:	Residence Address:
Residence Phone:	Residence Phone:
Residence Email:	Residence Email:

Please specify a contact person for School related information like School trips, PTM, Exam results and fees:

Name:

Phone:

Email:

Siblings already studying OR applying to Amity Institutions (please give details):

DECLARATION

I declare that the statements made above are correct and I promise to abide by the rules and regulations of the school.

Place :

Signature of Applicant:

Date :

Signature of Parent/Guardian:

Name of the Student: _____

Grade: _____ Program: _____

Date of admission: _____

Residential address: _____

Phones: Landline: _____ Mobile: _____

Email: _____

Signatures:

Parent

Admissions In-charge

Class-teacher

FOR OFFICIAL USE ONLY

Route No.: _____

Rate Slab: _____

Pick Up Timings: _____ Drop Timings: _____

Driver's contact: _____

Signature

(Transport Incharge/ Senior Administrative Officer)

Name: _____ Age / Gender: _____ Grade: _____

Blood Group: _____ Height (in cms.): _____ Weight (in kgs.) _____

Please provide a copy of the vaccination card/report along with this form for students applying to grades KG to 5.

Any previous illness or operation: _____

Allergic to any food/Medicine: _____

Any other important information about your child's health that you think school should be aware of, please mention here:

Signature of the Parent

Signature of the Student

Signature and Seal of a Registered Medical Practitioner